

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD OF MANUFACTURING COMPOSITE VEHICLE PANELS

the specification of which (check one)

☒ is attached hereto.

☐ was filed on _____ as Application Serial No. _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by an amendment referred to above.

I acknowledge the duty to disclose information that is material to the patentability of the invention claimed in this application, or information that is material to the examination of this application, in accordance with Title 37, Code of Federal Regulations, section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, section 119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)

_____	_____	_____	Priority		
(Number)	(Country)	(Day/Month/Year filed)	Claimed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, section 119(e) of any United States Provisional application(s) listed below:

PRIOR PROVISIONAL APPLICATION(S)

_____	_____
(Application Serial No.)	(Month/Day/Year filed)

I hereby claim the benefit under Title 35, United States Code, section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, section 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

DECLARATION AND POWER OF ATTORNEY

Application Serial N .

Filing Date

Status – Pat nted,
Pending, Aband ned

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint David D. Murray, Reg. No. 28,647, and each shareholder, attorney of counsel, associate and employee of Brinks Hofer Gilson & Lione, who is a registered Patent Attorney, my attorney with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. I request the Patent and Trademark Office to direct all correspondence and telephone calls relative to this application to Brinks Hofer Gilson & Lione, P.O. Box 10395, Chicago, Illinois 60610, (734) 994,6285.

Full name of sole or first inventor: John C. Montagna

Inventor's signature: John C. Montagna

Date: 12/23/03

Residence: 3737 Woodland Drive, Metamora, Michigan 48455

Citizenship: USA

Post Office Address: Same as above

Full name of Second joint inventor, if any: Leslie E. Smith

Inventor's signature: Leslie E. Smith

Date: 12/18/03

Residence: 5758 Coldwater Road, Lapeer, Michigan 48446

Citizenship: USA

Post Office Address: Same as above